

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5335

49

FILED FEB 18 1949

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5584 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Avilla 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oklahoma City	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Highway #66		d. STREET ADDRESS (If rural, give location) 3028 N.W. 30th St.	
3. NAME OF DECEASED (Type or Print) a. (First) CARL b. (Middle) ADAM c. (Last) ROWNTREE		4. DATE OF DEATH (Month) (Day) (Year) Feb 4, 1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 15, 1906
9. AGE (In years last birthday) 43		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent		10b. KIND OF BUSINESS OR INDUSTRY Jeffries Truck Co	
11. BIRTHPLACE (State or foreign country) unknown, 9		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME F. A. Rowntree		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Loyce Rowntree		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 444-05-3167		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Loyce Rowntree, 3028 NW 30th; Okla City	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries, multiple, extreme. ANTECEDENT CAUSES 1. Basilar skull fracture. DUE TO (b) 2. Fracture of right radius and ulna. 3. Laceration, severe, lower lip. DUE TO (c) 4. Laceration, severe, left eye. 5. Crush injury, chest. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Did not attend above deceased)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway 66		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1 1/2 mi. E. Avilla Jasper Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 4, 1949 1230p		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? auto accident-head-on collision		22. I hereby certify that I attended the deceased from Did not attend same, 19, that I last saw the deceased alive on, 19, and that death occurred at 12:40pm, from the causes and on the date stated above.	
23a. SIGNATURE W. W. Hurst M.D. Coroner, Jasper Co. (Degree or title)		23b. ADDRESS Joplin Nat'l Bk. Bldg. Joplin 2-5-49	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE Feb 5, 1949		24c. NAME OF CEMETERY OR CREMATORY to Watts Mortuary	
24d. LOCATION (City, town, or county) (State) Oklahoma City, Okla.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo.	
DATE REC'D BY LOCAL REG. Feb 5, 1949		REGISTRAR'S SIGNATURE L. B. Clinton	

Per. n. T. Fiquera

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

APR 29 1950

FEB 23 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.